



County of Lincoln — Parts of Kesteven

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER
OF HEALTH

for the year

1953

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

COUNTY OF LINCOLN—PARTS OF KESTIVEN

*With the Compliments
of the
County Medical Officer of Health*

COUNTY OFFICES
SLEAFORD, LINCS.

Form H/Gen/446.



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COUNTY OF LINCOLN—PARTS OF KESTEVEN

HEALTH COMMITTEE

(Constitution as at 31st December, 1953)

Chairman:

Alderman H. DEER

Vice-Chairman:

Alderman Mrs. G. H. SCHWIND, M.B.E.

Aldermen

T. W. ATKINSON

C. W. BARRAND

Lt.-Com. J. CRACROFT-
AMCOTTS, D.S.C., D.L.

C. H. FENELEY

G. W. HUTSON

F. J. JENKINSON (*ex-officio*)

J. W. MILNER

Sir R. PATTINSON, D.L. (*ex-officio*)Col. F. D. TROLLOPE-BELLEW,
D.S.O., O.B.E., M.C., D.L.

Councillors

A. E. BELLAMY

W. BEVAN

Mrs. G. M. BOYFIELD

J. H. BRIGHTON

Mrs. A. S. CHANTRY

R. A. COLLINS

S. P. KING

S. J. EDWARDS

H. L. HUDSON

C. J. REDMILE

Mrs. N. ROBSON

Miss A. ROOKE

H. SKELLS

J. E. SNELL

REV. L. R. SWINGLER

W. E. YOUNG

CO-OPTED MEMBERS:

Mrs. B. PALMER

The Hon. Mrs. D. N.

TROLLOPE-BELLEW

Mrs. A. FANCOURT

Mrs. C. J. WILLOWS

Representing Kesteven Local Medical and Panel Committee:

R. G. NETHERY, M.R.C.S., L.R.C.P.

Representing Kesteven Local Dental Committee:

H. J. MILLER, L.D.S.

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL.

County Medical Officer of Health:

Principal School Medical Officer:

Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives:

Medical Officer for Mental Health Services:

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

Deputy County Medical Officer of Health, Deputy Principal School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare and Mental Health:

T. J. O'SULLIVAN, M.A., M.D., D.P.H., L.M.

Assistant County Medical Officers, School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (Part-time):

W. ANLEY HAWES, M.B., B.S., D.P.H.

R. M. ROSS, M.B., Ch.B., D.P.H.

V. B. TULLOCH, M.B., Ch.B., D.P.H.

W. PARKER HARRISON, M.R.C.S., L.R.C.P.

Chest Consultants:

H. G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

G. B. ROYCE, B.S., M.B., Ch.B.

(Joint appointments with R.H.Bs.)

Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards:—

Orthopaedic Surgeons:

J. P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.

Ophthalmic Surgeons:

G. M. BARLING, M.B., D.O.M.S.

A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.

W. A. BRIGGS, M.B., B.Ch., D.O.M.S.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

Consulting Physician for Rheumatism and Heart Diseases:

J. W. BROWN, M.D., F.R.C.P.

Ear, Nose and Throat Surgeons:

G. W. MOREY, M.B., B.S., D.L.O.

A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

Dermatologists:

D. I. MCCALLUM, M.B., Ch.B., M.R.C.P., D.P.H.

E. C. RITTER, M.B., Ch.B., M.R.C.P.

Senior Dental Surgeon:

V. HOWARTH, L.D.S.

Dental Surgeons:

C. H. EDNEY, L.D.S., R.C.S. (appointed 23/2/53)

2 whole-time Vacancies

Part-time Anaesthetists in the Dental Service:

A. CAMPBELL-HOLMS, M.B., Ch.B., D.A.

N. H. BLOOM, M.R.C.S., L.R.C.P., D.A.

Public Analyst (Part-time):

W. W. TAYLOR, B.Sc., F.I.C.

County Nursing Superintendent:

Non-Medical Supervisor of Midwives:

MISS M. HUGHES, S.R.N., S.C.M., H.V.Cert.

Assistant County Nursing Superintendents:

Miss P. M. PARKER, S.R.N., S.C.M., H.V.Cert.
 Miss L. DICK, S.R.N., S.C.M., H.V.Cert.

County Health Visitors:

Mrs. H. M. ANDREWS	Miss E. M. JONES
Miss M. BRAY	Miss E. McNAIR
Miss O. A. BROOKS	Mrs. F. H. COCK
Miss B. BROWN	Miss M. E. STAMFORD
Miss L. CALSI	(Temporary)
Mrs. E. HOLLAND	Miss E. M. WOOD

Also 22 District Nurse-Midwives act as part-time Health Visitors

Physiotherapists:

Miss E. A. PECK, S.R.N., M.C.S.P.
 Mrs. C. SEAMAN, M.C.S.P. (appointed whole-time 1/5/53)

County Almoner:

Vacant

Home Help Organiser:

Miss V. ISAAC

Matron, St. Catherine's Road Day Nursery, Grantham:

Mrs. M. E. HIBBERD, S.R.F.N.

County Sanitary Officer:

J. F. LOFTHOUSE, M.R.San.I., M.I.San.E., M.S.I.A.

Non-Medical Staff—Mental Health Services:

W. E. VICKERS, M.B.E. (*Chief Authorised Officer*)
 W. HOLMES, Authorised Officer—North Kesteven District
 N. A. CLARKE, Authorised Officer—East Kesteven District
 R. H. BENTLEY, Authorised Officer—South Kesteven District
 B. J. BROWN, Authorised Officer—West Kesteven District
 J. W. ALLPRESS, Authorised Officer at Headquarters
 W. A. PERKINS, Authorised Officer at Headquarters

Chief Clerk:

W. S. DENCH

Assistant Chief Clerk:

A. COLLEY

Ambulance Officer:

L. V. LAWRENCE

District Medical Officers of Health and Sanitary Inspectors

<i>District</i>	<i>Medical Officer of Health (all part-time appointments)</i>	<i>Sanitary Inspector</i>
Borough of Grantham	R. M. Ross, M.B., Ch.B., D.P.H.	C. Taylor
Borough of Stamford	W. Anley Hawes, M.B., D.P.H.	L. J. Roll
Urban District of Sleaford	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell
Urban District of Bourne	J. A. Galletly, M.B., D.P.H.	W. H. Howard
Rural District of North Kesteven	W. Sharrard, M.B.	J. Chadwick
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	J. A. Saville
Rural District of South Kesteven	J. A. Galletly, M.B., D.P.H.	W. A. Chivers
Rural District of West Kesteven	R. M. Ross, M.B., Ch.B., D.P.H.	J. Dean

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COUNTY OF LINCOLN—PARTS OF KESTEVEN

Mr. Chairman, My Lord, Ladies and Gentlemen,

I beg to present my Annual Report for the year 1953.

The vital statistics show some features of interest. The Live Birth Rate of 16.16 per thousand of the estimated population shows an increase over 1952, and the nett Live Birth Rate at 17.29 compares with the Birth Rate of 15.5 for England and Wales.

It is very satisfactory to be able to record that no maternal death occurred, although there was some increase of infant mortality, a reference to which is made in the body of the Report.

While diseases of the heart continue to register as the principal cause of death it is satisfactory to record that deaths from respiratory tuberculosis are now comparatively few; the progressive decline in mortality, both from the pulmonary and non-pulmonary forms of this disease, is tabulated in the section relating to tuberculosis.

For the third successive year no case of diphtheria has been notified; this is an indication of the value of the Local and National Anti-Diphtheria Immunisation Campaign.

In view of the considerable amount of publicity which has been given to a national increase in the mortality in males from cancer of the lung, the following are the notifications which have been received in Kesteven of mortality from this form of the disease:—

Number of Deaths from Cancer of the Lung (County of Kesteven)				
	1950	1951	1952	1953
Male	14	19	28	17
Female	6	5	8	3

During 1953 a survey was carried out into the natural occurrence of Fluorides in the underground water supplies of the

Administrative County; extensive investigations were also made into the effect of Fluorine in reducing Dental Caries amongst school children attending schools in comparable districts where different concentrations of Fluoride are found in the Public Water Supplies. The results of this work are reported in my Annual Report as Principal School Medical Officer, for 1953.

I am pleased to be able to report very substantial progress in the development of Schemes under the Rural Water Supplies and Sewerage Acts; this subject is referred to in the section relating to Sanitary Circumstances in the County, and there can be no doubt that the forward move in provision of these services in all the Rural Districts will have most beneficial results from a Social and Public Health point of view.

I would like to conclude by thanking the Chairman and Deputy Chairman and members of the Health Committee for the encouragement and support they have given to the work of the Department, and to acknowledge my indebtedness to my colleagues, medical and dental officers, nurses, health visitors, administrative and clerical staff for the work carried out during the year.

I am, My Lord, Ladies and Gentlemen,

Yours faithfully,

J. H. C. Clarke.

Public Health Department,
County Offices, SLEAFORD.
31st July, 1954.

STATISTICS AND SOCIAL CONDITIONS

General Statistics

Area of Administrative County (in acres)	463,490
Population :	
Census 1921	108,237
,, 1931	110,360
,, 1951 (provisional)	131,566
Registrar General's estimate, 1953	132,700
Number of inhabited houses (Census 1921) ...	25,456
Number of inhabited houses (Census 1931) ...	27,590
Number of families or separate occupiers (1921) ...	25,823
Number of families or separate occupiers (1931) ...	27,845
Rateable Value (1st April, 1953)	£607,413
Estimated product of a penny rate, 1953-54 ...	£2,410

Extracts from Vital Statistics for the Year 1953.

NOTE: Birth and Death Rates:

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.07 and 0.96 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett Rate.

Live Births:				Males	Females	Totals
Total	...	...	1103	1042	2145	
Legitimate	...	...	1054	990	2044	
Illegitimate	...	...	49	52	101	
Crude Live Birth Rate per 1,000 of estimated population						16.16
Nett Live Birth Rate per 1,000 of estimated population						17.29
Rate for England and Wales						...
Stillbirths:				Males	Females	Totals
Total	...	...	26	28	54	
Legitimate	...	...	22	24	46	
Illegitimate	...	...	4	4	8	
Stillbirth Rate per 1,000 of estimated population						...
Rate for England and Wales						...
Rate per 1,000 births—live and still						...
				Males	Females	Totals
Deaths	...	...	824	710	1534	
Crude Death Rate per 1,000 of estimated population						...
Nett Death Rate 11.10. Rate for England and Wales						...
Maternal Mortality (i.e. Deaths due to Pregnancy, Childbirth or abortion).						
No. of deaths						...
Rate per 1,000 total births (i.e. live and still)						...
Rate for England and Wales						...

Infant Mortality (i.e. Deaths of Infants under the age of one year).

		Males	Females	Totals
No. of Deaths	...	47	32	79
Legitimate	...	42	31	73
Illegitimate	...	5	1	6
All Infants:		Kesteven		England and Wales
Rate per 1,000 live births	...	36.83		26.8
Legitimate Infants:				
Rate per 1,000 legitimate live births	... ..	35.71		—
Illegitimate Infants:				
Rate per 1,000 illegitimate live births	... ..	59.40		—

Of the total infant deaths 46 (or 58%) occurred among children under four weeks of age.

Fifty-nine of the total of 79 infant deaths occurred in hospitals; of the 79, 45 infants were born in hospitals, and 30 died without leaving the hospital in which they were born or after transfer to another hospital; all 30 died in the first 4 weeks after birth. The majority of these deaths were due to prematurity or congenital causes. Of the 34 children born outside institutions, 16 died within 4 weeks of birth, and half of these deaths were also due to prematurity or congenital causes; 13 of the 34 who were born at home died at home. It is not possible to indicate any specific reason for the increased mortality among infants in 1953, except to say that of the 19 hospitals from which deaths were reported, one hospital appeared to have a somewhat high incidence of deaths from prematurity (under 24 hours) and in addition there were several deaths reported as due to pneumonia and whooping-cough.

Births:

The Live Birth Rate of 16.16 per thousand of the estimated population showed a small increase on that of the previous year. The number of live births belonging to the Administrative County was 2,145 (1,103 males and 1,042 females)—compared with 2,095 (1,085 males and 1,010 females) in 1952.

The 101 illegitimate live births—representing 4.7 per cent. of the total—showed a small decrease on the figure for the previous year, when there were 102 (4.8 per cent. of the total) such births.

The number of Stillbirths (54) was slightly higher than last year but remained well below the average for the previous 10 years, and the Stillbirth Rate (0.41) was also below the average for the same period.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1939, is of interest:—

Year	LIVE BIRTHS				STILLBIRTHS	
	Legitimate	Illegitimate	Total	* Rate	No.	* Rate
1939	1,637	85	1,722	14.81	80	0.69
1940	1,665	88	1,753	15.91	58	0.53
1941	1,749	110	1,859	16.39	62	0.55
1942	1,927	165	2,092	18.47	66	0.58
1943	1,967	162	2,129	18.53	60	0.52
1944	2,045	200	2,245	19.75	64	0.56
1945	1,939	267	2,206	19.97	68	0.62
1946	2,094	176	2,270	20.06	65	0.57
1947	2,306	156	2,462	21.37	62	0.54
1948	2,130	168	2,298	19.20	67	0.56
1949	2,102	129	2,231	18.45	39	0.32
1950	2,058	121	2,179	16.78	48	0.37
1951	2,073	98	2,171	16.36	42	0.32
1952	1,993	102	2,095	15.56	52	0.38
1953	2,044	101	2,145	16.16	54	0.41

*In calculating these rates for the years 1936-49 *Civilian* population figures were used while for 1950 and 53 the *Total* population figures have been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications, was 2,122 live births and 51 stillbirths.

Details with regard to Births in each of the 8 County Districts will be found in Table I, on page 49.

Deaths:

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

Chief Causes of Death.—The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year:—

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Disease	331	2.49
Vascular lesions of Nervous System	212	1.59
Coronary Disease, Angina	150	1.13
Other defined and ill defined Diseases	145	1.09
Other Malignant and Lymphatic Neoplasms	110	0.83
Bronchitis	79	0.59
Pneumonia	64	0.48
Other Circulatory Disease	61	0.46
Influenza	46	0.35

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
All other accidents	35	0.26
Malignant Neoplasm, stomach ...	34	0.26
Malignant Neoplasm, breast ...	30	0.23
Hypertension with Heart Disease ...	29	0.22
Other Diseases of Respiratory System	21	0.16
Malignant Neoplasm, Lung Bronchus	20	0.15
Hyperplasia of Prostate	19	0.14
Motor Vehicle accidents	18	0.13
Tuberculosis, Respiratory	17	0.13
Suicide	17	0.13

The Crude Death Rate from all causes for the County was 11.56 per thousand of the estimated population, while the Nett Rate was 11.10 compared with 9.44 the previous year. The number of deaths, which now include those of members of the armed forces stationed in the area, was 1,534 (824 males and 710 females): the figures for 1952 were 1,325 (689 and 636 respectively). The proportion of deaths over 65 years of age was 71.0 per cent. in the year under review, as compared with 67.1 per cent. in 1952, 68.9 per cent. in 1951, 68.1 per cent. in 1950 and 67.0 per cent. in 1949.

There were 79 deaths of infants under one year, representing an Infant Mortality Rate of 36.8 per thousand live births.

There were no deaths from maternal causes during 1953; the figure for the County as a whole was 0.76 per thousand total (live and still) births.

The following Table shows the number of deaths and rates during the past 15 years:—

Year	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1939	1,405	12.23	72	41.71	5	2.77
1940	1,511	13.72	85	47.78	5	2.76
1941	1,388	12.24	86	45.84	11	5.67
1942	1,353	11.94	87	41.59	8	3.71
1943	1,408	12.26	90	42.27	6	2.74
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,368	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	83	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45
1951	1,430	10.78	61	28.09	1	0.45
1952	1,325	9.84	74	35.32	3	1.39
1953	1,534	11.56	79	36.80	0	0.00

*For the years 1938/49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950/53 returns and the Total population figures have therefore been used in determining the Rates for those years.

The deaths registered under Heart Disease during 1953 numbered 510. Reference to the Chief Causes of Death shows that this remains the principal cause. The death rate per 1,000 of the estimated population at 3.84 was .7 higher than in 1952. The following is a statement of fatalities from Heart Disease during the years 1939-1953.

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage to total Deaths from all causes
1939	381	3.33	27.1
1940	361	3.28	23.8
1941	297	2.62	21.4
1942	302	2.67	22.3
1943	309	2.69	21.9
1944	316	2.78	24.3
1945	362	3.28	27.4
1946	350	3.09	25.8
1947	391	3.39	28.5
1948	387	3.23	29.3
1949	441	3.65	30.9
1950	451	3.47	31.0
1951	486	3.67	33.9
1952	423	3.14	31.9
1953	510	3.84	33.2

Further information regarding the causes of death, etc., will be found on page 51 and in Table III (inset).

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Centres:

The voluntary centre at Osbournby was taken over by the County Council during the year and 5 new centres were opened at Long Bennington, North Hykeham (Newark Road), Doddington Road, Lincoln, Nocton R.A.F. Hospital and Ingoldsby. At the end of the year the total number of centres maintained by the County Council was, therefore, 38, of which 2 were weighing centres.

The following figures are made up from the records of attendances for the year, full details of which appear in Table V on pages 52—54:—

Total attendances—

Children under 1 year	...	...	...	13,312	
Over 1 but under 2 years	...	...	...	4,245	
Over 2 years	...	...	...	5,897	23,454

No. of individual children who attended—

Born in 1953	...	...	...	1,120	
„ „ 1952	...	...	...	1,067	
„ „ 1951 to 1948	...	...	...	1,777	3,964

No. of children who attended for first time—

Under 1 year	...	...	...	...	1,349	
Over 1 year	...	...	...	...	367	1,716

No. of consultations with medical staff ... 6,710

No. of weighings undertaken ... 22,547

Comparative figures for the years 1948—1953 are given below:

Year	Individual children who attended L.W.Cs.	Total Attendances	Consultations with M.O.
1948	2,773	20,427	5,327
1949	3,011	22,555	5,717
1950	3,791	22,470	5,940
1951	3,908	24,490	6,840
1952	3,882	24,902	6,888
1953	3,964	23,454	6,710

Birth Control:

Arrangements were made for 9 patients requiring advice on medical grounds to attend the Lincoln City Clinic.

Consultant Services:

There were no changes in the specialist services arrangements as outlined in my Report for the previous year. The following are brief details of the services available together with particulars of the pre-school children seen thereunder:—

Ophthalmic:

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed	
	New Cases	Re-inspections	New Cases	Re-inspections	New Cases	Re-inspections
Grantham	42	43	—	—	18	17
Stamford	7	8	—	—	4	6
Sleaford	12	8	—	—	2	3
Bourne	16	6	—	—	5	3
Lincoln	9	21	—	—	4	7
TOTALS	86	86	—	—	33	36

All the clinics referred to above, with the exception of the one at Lincoln, are held at County Council premises. The clinic at Lincoln to which cases from the north of the area are referred is a special clinic for children held at the Lincoln County Hospital.

Orthopaedic:

Specialist clinics are held at the Authority's premises at Sleaford and Grantham and 118 pre-school children (including 67 new

cases) were seen by the Surgeons in attendance who altogether held 284 consultations. In addition 7 cases were referred to hospital orthopaedic out-patients' departments.

The County Council's physiotherapy staff hold regular treatment sessions for massage, remedial exercises, ultra-violet light, etc. at the clinics and dealt with 56 pre-school children during the year; these children made a total of 1,159 attendances.

Ear, Nose and Throat:

Thirteen pre-school children were seen by Dr. G. W. Morey at his sessions at the Grantham and Sleaford clinics of whom 12 were found to be in need of operative treatment for enlarged tonsils and/or adenoids. Five cases were referred elsewhere.

Rheumatism and Heart:

Four children (including 1 new case) referred from Infant Welfare Centres were examined by Dr. J. W. Brown at the County Council's Cardiological Clinics.

Paediatric:

During the year 13 pre-school children were referred to paediatricians at local hospitals for the following reasons—feeding difficulties (2), vomiting (2), ? faulty management (2), behaviour problems (2), nystagmus (1), intestinal stasis (1) and "blue" baby (1).

Dermatology:

Six cases were seen during the year at the request of the Council's medical staff at Outpatients' Departments for Skin Diseases. Of these 4 had naevi, 1 eczema and the other was suffering from mild ichthyosis.

Dental Treatment:

Two full-time officers (including the Principal Dental Officer) were available in 1953; continued efforts to recruit additional dental officers were unsuccessful.

In view of these staffing difficulties, it was impracticable to carry out routine dental inspections of mothers, or children under the age of 5. However, a number of pre-school children referred by the Authority's Medical Officers were treated, and some other cases were referred for priority treatment under the National Health Service.

The following tables give details of the work done:

(a) Number provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dent. fit
Expectant and Nursing Mothers	—	—	—	—
Children under five	51	52	52	50

(b) Forms of dental treatment required:—

	Extractions	Anaesthetics		Fillings	Sealings or Sealings and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	—	—	—	—	—	—	—	—	—	—
Children under five	22	—	16	32	—	32	34	1	—	—

Institutional Provision for Mothers and Children:

Following investigation by the Health Visiting Staff, reports on the circumstances of 413 expectant mothers requiring institutional confinement on social grounds were submitted to the appropriate hospital authorities.

Arrangements were also made for 12 children to receive in-patient treatment in hospital.

Premature Infants:

During the year there were 133 live births assignable to this area of babies notified as having a birth weight of 5½ lbs. or less; 105 of these babies survived at least 28 days.

Thirty-eight of the babies were born at home, 12 being subsequently transferred to hospitals, 81 were born in hospitals and 14 in private nursing homes.

There were also 26 premature still-births of which 4 took place at home, 21 in hospitals and 1 at a private nursing home.

The above cases were classified in Table VI on page 55.

The Authority's scheme for the care of premature infants, already described in previous Reports, remained unchanged.

Care of Unmarried Mothers:

The number of illegitimate children born in the County during the year was 101, representing 4.7 per cent. of the total live births recorded; comparative figures for the previous year were 102 and 4.8 per cent. respectively.

The Council's arrangements for giving assistance to unmarried mothers continued as heretofore, the Lincoln Diocesan Association

for Moral Welfare supplying the Welfare Workers to undertake domiciliary investigations and arranging where necessary the admission of cases to suitable Homes. The County Council pay the Association an annual grant in recognition of the valuable assistance they give in this way.

During the year 10 unmarried expectant mothers were admitted under these arrangements to the above Association's Maternity Home (The Quarry) at Lincoln and 4 others to similar homes elsewhere. In addition 1 unmarried mother, who needed shelter after the birth of her baby, was, with the Authority's help, provided with temporary accommodation at a refuge in an adjoining County.

Provision of Maternity Outfits:

The number of maternity outfits issued during the year to maternity patients confined at home was 729. The proportion of patients who made use of this facility was, therefore, 84 per cent., compared with 80 per cent. in 1952.

Day Nursery:

The Day Nursery at St. Catherine's Road, Grantham, continued in operation throughout the year. However, attendances diminished early in 1953 as a result of the introduction of increased charges based on the actual cost of maintenance as recommended in Ministry of Health Circular No. 23/52. The Council's scale of assessment remains in force for those who cannot afford to pay the full cost of maintenance.

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ...	16	24	5	11	36	1
February ...	14	24	4	12	32	2
March ...	12	20	5	12	30	—
April ...	12	17	7	12	28	—
May ...	8	20	7	15	26	1
June ...	7	21	4	17	26	1
July ...	7	21	4	15	27	—
August ...	8	21	4	9	28	—
September ...	10	20	6	15	29	—
October ...	11	18	7	14	28	—
November ...	10	20	6	14	29	—
December ...	10	18	6	13	27	—
Average for Year	10	20	5	13	29	—

Nurseries and Child Minders Regulation Act, 1948:

There were at the end of the year no premises or daily minders registered in the County under this Act.

MATERNITY AND NURSING HOMES

At the beginning of the year the Laundon Maternity Home, Sleaford, was the only home on the register; this home provided 11 beds (all for maternity cases), 10 of which had for some time been used, under a contractual arrangement, by the Sheffield Regional Hospital Board for patients in Sleaford and district. Upon the retirement of the Matron—who was also the owner of the home—the premises were purchased by the Regional Hospital Board for continued use as a Maternity Home. The home, renamed the Sleaford Maternity Home, then came under the control of the Grantham Hospital Management Committee and became exempt from registration under Sections 187–194 of the Public Health Act, 1936.

No new homes were registered so at the end of the year there were no registered homes in the Kesteven area.

HEALTH VISITING

The Health Visiting and Tuberculosis Visiting Services are undertaken partly by whole-time qualified Health Visitor/School Nurses and partly by District Nurse-Midwives, 22 of the latter devoting approximately one-tenth of their time to this work. The District Nurse-Midwives carry out health visiting duties under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948.

The number of whole-time Health Visitor/School Nurses remained unchanged throughout the year at 11 as against the establishment figure of 13. Endeavours to fill these vacancies by advertising and to obtain candidates for training as Health Visitors were unsuccessful, but a trainee has been secured in 1954 to fill one of these vacancies. The establishment of 22 District Nurse-Midwife/Health Visitors was up to full strength for most of the year.

It was not possible to spare any of the staff to attend Health Visitor Refresher Courses.

The following figures show the home visiting undertaken by the Health Visiting staff during the year under review:—

Children under 1 year of age:	First visits	2,323.	Total visits	11,161
„ age 1 and under 2 years:	„	„	„	8,850
„ „ 2 but „ 5 „ :	„	„	„	15,311
(No. of children under 5 visited during year: 10,527).				
*Expectant mothers:	First visits	296.	Total visits	560
Tuberculous households:	„	„	„	1,464
Other cases (i.e., Care and After-Care, Infectious Disease, etc.):	„	„	„	1,662
Total home visits—				39,338

*excluding visits by District Nurse-Midwife/Health Visitors.

In addition to the above, the Health Visitors were in attendance at Infant Welfare Centres and Clinics, details of which appear in other sections of the Report.

MIDWIFERY AND HOME NURSING

Midwifery :

During 1953 notifications of intention to practise were received from 82 midwives, of whom 67 continued to practise in the County at the end of the year, classified as follows:—

Domiciliary midwives employed by the County Council 45
(including 3 occasional reliefs)

Domiciliary midwives in private practice ... 1

Midwives employed by Hospital Management Committees 21

In addition to the above, 3 notices of intention to practise as Maternity Nurses were received.

The following table shows the number of cases attended during the year:—

	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives (1)	As Mater'y Nurses (2)	As Mid-wives (3)	As Mater'y Nurses (4)	As Mid-wives (5)	As Mater'y Nurses (6)
(1) Employed by County Council... ..	736	126	—	—	736	126
(2) Employed by Hospital Management Cmmtt's	—	—	789	315	789	315
(3) In Private Practice ...	—	4	—	—	—	4
Totals	736	130	789	315	1525	445

In addition to the cases recorded against Item (1) above, the County Council's midwives attended 485 institutional cases who were discharged before the fourteenth day after the confinement.

It will be seen from the above table that of the total of 1,970 confinements, 866 took place at home, and 1,104 in maternity units. Whereas prior to the passing of the National Health Service Act, 1946 the majority of confinements took place at home, since that time the tendency has been for more deliveries to take place in maternity institutions, and the continued trend in this direction is illustrated by the following table:—

	Domiciliary Cases			Cases in Institutions		
	As Midwives	As Maternity Nurses	Total	As Midwives	As Maternity Nurses	Total
1945	867	451	1318	505	383	888
1946	833	544	1377	439	417	856
1947	991	633	1624	450	405	855
1948	927	506	1433	464	375	839
1949	735	467	1202	700	420	1120
1950	822	291	1113	614	424	1038
1951	784	178	962	786	264	1050
1952	772	170	942	841	146	987
1953	736	130	866	789	315	1104

The non-medical and general supervision of midwives continued to be undertaken by the County Nursing Superintendent and her two Assistants, who together made 43 routine inspections and 55 special visits.

The number of cases in which medical aid was summoned by midwives under Section 14 (1) of the Midwives Act, 1948, totalled 170—160 domiciliary and 10 institutional.

Other notifications from midwives were received as follows:—

Stillbirths	...	...	...	...	...	21
Laying-out the dead	...	...	...	...	...	2
Liability to be source of infection	...	...	...	...	...	10
Artificial Feeding	...	...	...	...	...	109
Death of Child	...	...	...	...	...	10

I am glad to be able to report that there were no maternal deaths among cases attended by the Council's Midwives and that of the 866 home confinements 763 babies were wholly breast fed at the fourteenth day. Fifty six miscarriages were attended against 68 during the previous year. In all 25,520 visits to maternity cases were made by the Council's midwives, 7,810 of which were for ante-natal examination purposes.

Administration of Analgesia:

At the end of the year 60 midwives practising in the County were qualified to administer gas and air. Forty of these were members of the County Council's staff, 1 an occasional relief on the County Council's staff and the remainder were employed by Hospital Management Committees.

Of the 866 domiciliary confinements in the year, gas and air was administered to 489 cases, i.e., 56 per cent., while Pethidine, an alternative form of analgesia, was given in 189 cases.

Home Nursing:

All general home nursing is undertaken by the County Council's nurse-midwives who devote approximately half of their time to home nursing.

Details of the work undertaken during the year are given in the following statement:—

Type of Case Visited	No. of Cases	No. of Visits
Medical	1,819	30,537
Surgical	1,081	11,587
Infectious Diseases	66	661
Tuberculosis	31	830
Maternal Complications	28	278
Others	21	80
TOTALS	3,082	46,973

Of the 3,082 cases visited 1,099, or 36 per cent., were 65 years of age or over and 485, or 16 per cent., were under 5 at the time of the first visit during the year.

GENERAL

Staff:

At the beginning of 1953 there were 41 domiciliary nurse-midwives on the staff. During the year there were 6 resignations and 7 appointments, resulting in a nett gain of 1 and making the total staff 42, 7 short of the full complement.

Housing:

The County Council's Scheme for housing nurse-midwives has made real progress. The first two houses (at Rippingale and Billingham) were completed and occupied, and two others (at Helpringham and Nocton) reached an advanced stage. In addition, an existing bungalow at Waddington was purchased for use as a Nurse's house.

The policy of providing houses in those districts where there is no accommodation for a Nurse is undoubtedly the right one and has already borne fruit. There is every reason to believe that the districts of Rippingale, Billingham and Waddington, mentioned above, would have been without nurses if the Council had not provided houses.

Two special difficulties in carrying out the housing programme have been encountered—viz.: finding suitable sites which owners are willing to sell, and securing reasonable tenders for the erection of single houses in country districts remote from any building contractor's premises.

The plan adopted by the County Council has been simplified as far as possible with a view to reducing cost. Fundamentally the accommodation provided consists of living-room and kitchen on the ground floor, with two bedrooms and bathroom above. In addition, attached to the house is a district room having separate outside entrance for the public. A brick garage is also provided.

Transport:

Two new cars were received during the year in respect of orders placed in 1951, leaving an order for one car still outstanding.

Permission was given to two nurses to provide their own cars for their County Council duties.

Five old cars surplus to requirements were sold, making the final position with regard to cars in the nursing service as follows:

County Council cars	...	...	...	41
Private cars provided by Nurses	...	...	...	5
				<hr/>
Total cars in Nursing Service	...	...	...	46
				<hr/>

VACCINATION AND IMMUNISATION

There was no alteration in the scheme for Diphtheria Immunisation or Vaccination against Smallpox under Section 26 of the National Health Service Act, 1946, as set out in my Annual Report for 1948.

Vaccination:

A slight increase occurred in the number of children under one year of age who were vaccinated during the year.

The number of persons vaccinated in 1953 was as follows:—

Age at date of Vaccination	Under 1	1	2-4	5-14	15 or over	Total
No. vaccinated	439	49	13	17	91	609
No. re-vaccin'd	—	—	5	25	160	190

Diphtheria Immunisation:

Table A below indicates the number of children who completed a full course of primary immunisation or received a secondary or reinforcing injection during 1953, while Table B gives details of the number of children at the 31st December who had completed a course of immunisation at any time before that date, i.e. at any time since 1st January, 1939.

A.

	Age at date of final injection (as regards (i)) or of reinforcing injection (as regards (ii)).			
	Under 1	1-4	5-14	Total Under 15
(i) No. who completed a full course of primary immunisation ...	211	859	85	1,155
(ii) No. who received a secondary or reinforcing injection ...	—	45	620	665

B.

Age at 31/12/53 <i>i.e.</i> born in year	Under 1 1953	1 to 4 1952-1949	5 to 9 1948-1944	10 to 14 1943-1939	Total under 15
No. immunised	101	4,160	8,453	6,573	19,287
Estimated mid-year Child population	2,120	8,980	20,400		31,200

AMBULANCE SERVICE

The statistics for the year show an increase in the demands upon the Service, the total mileage for the Administrative County having increased by 42,857 and the number of patients carried by 4,490 in comparison with the figures for 1952. These increases are mainly due to heavier demands upon sitting-case vehicles. The cost per vehicle mile however was 1/2d. compared with 2/4d. for England and Wales.

Ambulances:

There have been no alterations in the number or disposition of ambulances since my last Report.

The County Council's ambulance fleet consists of:—

Bedford 28 h.p. Spurlings (short-wheelbase)	...	8
ditto (long-wheelbase)	...	2

The ambulances operate from the following centres:—

Grantham	...	...	...	...	4
Sleaford	...	...	...	...	3
Bourne	...	...	...	...	2
Bourne Isolation Hospital	...	...	...	...	1

Sitting-Case Vehicles:

One new vehicle, a Vauxhall Wyvern Saloon, was purchased in 1953 to supplement the sitting-car service provided from Sleaford.

The County Council's fleet of sitting-case vehicles comprises:

Bedford "Utilicon" type	...	...	4
Vauxhall "Wyvern" Saloon	...	...	1
Vauxhall 12 h.p. Saloon	...	...	1

These vehicles operate from the following centres:—

Grantham	...	...	...	...	2
Sleaford	...	...	...	...	3
Bourne	...	...	...	...	1

In addition, five owner-drivers of private cars were available as required for the conveyance of sitting cases; they are paid the standard rate of 6d. per mile.

Garaging and Servicing:

The garage accommodation at Swinegate, Grantham, Playhouse Yard, Sleaford and Harrington Street, Bourne, is regarded as satisfactory.

The servicing and maintenance of vehicles (other than routine maintenance carried out by the whole-time drivers) is undertaken by the commercial garages who supply part-time drivers in the three towns referred to above.

Personnel:

- (a) *Whole-time Drivers.* An additional whole-time driver to operate from Bourne was appointed in September following representations made to the County Council by the Bourne Urban District Council and the South Kesteven Rural District Council. There are now 7 whole-time drivers employed by the County Council—3 at Grantham and 2 each at Sleaford and Bourne.
- (b) *Part-time Drivers.* Following the appointment of an additional whole-time driver at Bourne, it was decided to dispense with the services of the part-time retained driver at Bourne, leaving a total of 6 part-time retained drivers in the Service, viz., 3 each at Grantham and Sleaford. Additional part-time drivers are supplied by the commercial garages which undertake the servicing and maintenance of ambulance service vehicles. A driver from the Bourne Isolation Hospital is available for the removal of infectious and tuberculosis cases in Bourne and the southern part of the County.
- (c) *Attendants.* — Voluntary attendants from the under-mentioned organisations continue to be available on a rota basis:—

Grantham—British Red Cross Society.

Sleaford—St. John Ambulance Brigade and Sleaford and District Voluntary First Aid and Ambulance Unit.

Bourne—British Red Cross Society and St. John Ambulance Brigade.

Training:

Ambulance drivers and attendants have taken revisionary courses in First Aid under the auspices of the voluntary organisations mentioned above. Instruction has also been given to ambulance personnel on dealing with emergency births in ambulances, and key personnel from each Depot have attended courses of instruction in the current techniques required for dealing with accidents to modern jet aircraft, given by an Allied Air Forces Fire and Rescue Training Team at Fimbley and Wymeswold.

Statistics for the Year 1953:**A. Direct Service provided by the County Council:**

Depot	Ambulances			Sitting-Case Cars			Totals		
	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents
Grantham	40,866	2,012	3,059	55,805	3,346	6,241	96,671	5,358	9,300
Sleaford	56,813	1,085	6,757	65,113	1,164	4,421	121,926	2,249	11,178
Bourne	22,221	650	1,108	23,097	501	1,219	45,318	1,151	2,327
Totals	119,900	3,747	10,924	144,015	5,011	11,881	263,915	8,758	22,805

Average Journey: 30.13 miles.

B. STAMFORD.—Agency Services provided on behalf of the County Council by the St. John Ambulance Brigade (Ambulances) and the British Red Cross Society (Sitting-case cars), operating from Stamford:

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents
8939	481	570	48837	1482	3868	57776	1963	4438

Average Journey: 29.43 miles.

C. NORTH KESTEVEN (and part of East Kesteven)—Agency Service provided by the Lincoln Corporation:

The following statistics relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the Joint Scheme have been provided by the Lincoln Corporation Health Department:

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents
28498	1079	2637	49117	1463	3457	77615	2542	6094

Average Journey: 30.53 miles.

D. Summary for the whole of the administrative county.

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents
157337	5307	14131	241969	7956	19206	397306	13263	33337

Average Journey: 30.1 miles.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

During the year 1,464 visits were made to patients by Health Visitors. On the occasion of her initial visit, the Health Visitor completes a report of the home circumstances and obtains details of the contacts of the case. Copies of these are then forwarded to the Chest Physician and the District Medical Officer of Health concerned, the former arranging for the contacts to attend the Chest Clinic for examination. The T.B. Visitor pays follow-up visits usually at three monthly intervals thereafter.

With reference to the value of the Health Visitors' work in the tuberculosis field, Dr. Royce, the Chest Physician responsible for the southern part of Kesteven, states that "Fortunately in this area sanatorium facilities are good, but should there ever be any

shortage of beds the question of nursing people in their homes might arise. This would mean the provision of home help, and of adequate nursing facilities and make even more urgent the question of re-housing. Only the Health Visitor, who is intimately acquainted with all these aspects, and knows the family as a whole, is in a position adequately to report on this matter and it is impossible to over-estimate the value of her services."

Discussing the after care of the tuberculous patient, Dr. Royce mentions the problem of employment of the discharged patient. He states "In a rural area, where large numbers of one's patients are employed on agricultural work, it is frequently impossible for the ex-patient to consider returning to his old occupation. The Ministry of Labour, through its Disabled Persons Scheme and its Industrial Rehabilitation Centres, and such institutions as the Papworth Colony, are invaluable in this respect, and at the present time this question does not cause me any undue anxiety, although I feel that the picture might well change if there were at a future date any economic depression, and large scale unemployment."

Dr. H. G. H. Butcher, Chief Medical Officer for the Central Lincolnshire Chest Unit which takes in the northern and central portions of Kesteven reports as follows on the work of his unit during 1953:—

"Every effort is made to ensure that all contacts of new cases are examined, the adults by X-ray examination and the children by Mantoux examination; if the latter result is positive then X-ray examination is also carried out. There was a fall in the number of contact examinations at Grantham Chest Clinic, for which there is no apparent explanation except that there appeared to be fewer contacts for examination; also at least one family of 9 contacts attended the Miniature Mass Radiography Unit. Every known contact was offered examination and there was no change in the usual procedure.

"All patients, on being passed fit for work, are advised to register as Disabled Persons; those whose jobs are suitable are advised to return to these, otherwise posts are found for them, sometimes after they have attended a Training Course. It is very difficult to solve the problem of the chronic positive case, for obviously they cannot be kept off work indefinitely, particularly if they feel well and are anxious to work. Each of these cases has to receive individual consideration.

"No special case-finding surveys have taken place in the area, nor have I any in mind. With my present medical staff any such investigation would be impossible."

B.C.G. Vaccination:

All "Mantoux negative" children of known cases of tuberculosis are vaccinated with B.C.G.; during 1953 31 children were treated, compared with 33 in 1952, and 35 in 1951.

Mass Radiography:

The two mass radiography units which serve Kesteven operate from Lincoln and Cambridge and come under the direction of the Sheffield and East Anglian Regional Hospital Boards respectively. Owing to the large areas they have to cover their visits to Kesteven are somewhat infrequent.

Every encouragement is given to those groups of the County Council's employees whose work brings them into close contact with children—i.e. teachers, school canteen workers, nursery staffs, etc.—to attend the units for X-ray examination whenever the opportunity presents itself. Facilities are also granted to school "leavers" to undergo examination and, where necessary, transport is arranged by the Education Committee for this purpose.

The Lincoln mass radiography unit visited Grantham in January 1953, and the survey undertaken then revealed that of the 5,256 persons (2,759 males and 2,497 females) X-rayed, 13 were suffering from active respiratory tuberculosis.

On its return journey to Lincoln the unit visited Leadenham H.O.R.S.A. school to examine "leavers," and also pupils from the Authority's Residential Special School at Stubton Hall nearby. Arrangements were made during the year for school "leavers" from the north of the county to visit the unit on one of the occasions it was operating at Lincoln. Neither of these surveys revealed any active cases of pulmonary tuberculosis.

The Cambridge mass radiography unit visited Stamford in October and some 6,033 persons from the town and surrounding area attended for examination; 1,617 were children of 11 years of age and over from the Stamford schools. Usually children under 14 years of age are not encouraged to attend for examination by mass radiography units but in this instance the arrangements were extended to include children over 11 years of age and upward as this was the first visit the unit had paid to the area and it was thought that there might be foci of infection in one of the larger junior schools. This, however, was not confirmed by the results of the survey.

Reporting on this survey, Dr. Smith, the Medical Director of the Unit, stated that a total of 29 cases suspected of suffering from tuberculosis were referred to the Chest Clinic for investigation and that 7 males and 3 females were confirmed as active cases of tuberculosis. In her report Dr. Smith stated that:—

"The response in Stamford was really very good and this I attribute to the wide dissemination of propaganda by representatives of local organisations who attended our advance publicity meeting, and to the help and encouragement of the Local Health Authorities and the Stamford Borough Council in the matter of accommodation and for providing extra travelling facilities for people in the villages nearby to come in for X-ray.

"The number who attended is the highest in relation to the population obtained so far in the region, and if we could have stayed longer I have no doubt a great many more people could have been X-rayed. As it was we had to decline a great number of requests, owing to our time being fully booked long before the end of the survey."

Speaking of the same survey Dr. Royce, Consultant Chest Physician for the area, stated that "a satisfactorily high proportion of the population passed through the unit, and an equally satisfactory low number of active cases of pulmonary tuberculosis was discovered, and the majority then were found to be early cases and non-infectious."

General:

During the year 6 sleeping shelters were out on loan under the Council's scheme for open air treatment of tuberculosis patients, and 21 cases considered to be in need of extra nourishment were provided with free liquid milk.

Two patients were undergoing a course of rehabilitation at Papworth Village Settlement; the County Council accepts responsibility from the time when these patients are considered fit to undertake five hours work daily.

During the year 15 patients who were being nursed at home received assistance under the County Council's Home Help Scheme.

It is the policy of the Authority to arrange for the X-ray examination of any Home Helps before they commence duty with a family where tuberculosis is present in the household. During the year 9 Home Helps were X-rayed.

The Council's medical staff undertook the medical examination of 51 entrants to teachers' training colleges and 9 entrants to the teaching profession in accordance with Ministry of Education Circular 249. X-ray examination has to be undergone by persons in the former group prior to their completion of training and taking up teaching work; those in the latter group, e.g. the occasional relief teacher or person coming direct from university, have now to undergo X-ray examination before they are appointed as teachers.

Epileptics and Spastics:

It can be assumed that under the Council's Health Visiting Scheme and the arrangements for the periodic examination of school children and the ascertainment of handicapped pupils, the great majority of cases of epilepsy and cerebral palsy among children come early to the notice of the Authority. On occasion a case under school age is reported by a hospital specialist or general medical practitioner. From these various sources we have information of some 17 cases of epilepsy of school age and under,

39 of cerebral palsy and 1 suffering from both conditions. Of the epileptics, 2 are in epileptic colonies, 2 at special schools at epileptic colonies and 5 under the supervision of a paediatrician. Of the spastics, 5 have been placed in residential special schools, 2 are in mental hospitals and one with a dual disability, not being suitable for placing in a special school, remains at home under the supervision of a paediatrician.

I am obliged to Mr. W. E. Vickers, the County Welfare Officer, for the following information with regard to the incidence of epilepsy and cerebral palsy:—

“I have knowledge of 16 males and 13 females in the County afflicted by epilepsy, and of 1 male and 3 females from this area in epileptic colonies. The information I possess regarding cerebral palsy is, however, not complete. In 1950, I carried out a survey on behalf of the British Council for the Welfare of Spastics and ascertained the names of six cases of cerebral palsy in the County. I am sure, however, that these figures do not represent the extent of these handicaps throughout the County. In view of the fact that the County Council has not adopted schemes under the National Assistance Act, 1948, for the provision of welfare services for handicapped persons other than the blind and partially sighted the only records of cases of epilepsy and cerebral palsy are those in which the District Welfare Officers have been called in for some reason.”

Mental Illness and Mental Deficiency:

Reference to the community care work undertaken amongst persons suffering from mental illness or defectiveness appears on page 32 of this Report in the section dealing with the Mental Health Services provided by the Authority.

Illness Generally:

When requested by general practitioners, hospitals or other agencies, the County Council continued to assist under their scheme patients being nursed at home or after discharge from hospital. There were no developments in this branch of the work.

During the year 2 cases were sent for short periods of stay to recuperative holiday homes under arrangements made by the County Council.

Nursing Equipment and Apparatus:

There were no changes in the Council's arrangements as outlined in previous Reports. Each District Nurse has an ample stock of the smaller items of loan equipment, while the British Red Cross Society, who staff the Medical Loan Depots on behalf of the County Council have, with the Council's assistance, continued to add to their own comprehensive stocks of articles. The following statistics for the year reflect to some extent the valuable work which these Depots are undertaking.

Depot	No. of issues made	No. of individual Cases who benefited
Grantham	327	225
Stamford	281	177
Sleaford	364	177
TOTALS	972	579

Health Education:

The medical and nursing staff of the Public Health Department continued to devote part of their time to giving talks on health topics at Infant Welfare Centres, meetings of Women's Institutes, etc. An annual grant is made by the County Council to the Central Council for Health Education who give assistance by producing posters, leaflets and suitable health propaganda material for display and issue at Clinics and Infant Welfare Centres.

BLIND PERSONS

The following information relating to blind persons in the County, kindly supplied by the County Welfare Officer, has been included in this report at the request of the Ministry of Health.

The table below gives details of blind and partially-sighted persons on the County Council's register during the year ended 31st December, 1953:—

	(i) Blind	(ii) Partially-sighted
(a) Registered at 1st January, 1953	306	71
(b) New registrations during the year	47	18
(c) Deaths	15	7
(d) Transfers to other areas	11	3
(e) Transfers from other areas	6	1
(f) Transfers from blind to partially-sighted category (included in (b) (ii) above)	1	
(g) Transfers from partially-sighted to blind category (included in (b) (i) above)	—	2
(h) Recovered sight	—	1
(i) Registered at 31st December, 1953	302	77

It is interesting to note the age groups of the persons newly registered during the year. These were:—

0 to 15 years	...	3
16 to 59 years	...	12
60 to 69 years	...	11
70 to 79 years	...	22
80 years and over	...	17
Total ...		<u>65</u>

The preponderance of aged persons no doubt accounts for the large number of cases (42) in which the certifying ophthalmologists have not recommended follow-up treatment. Details regarding such cases are included in the following table (which conforms to the appendix to Ministry of Health Circular 2/53) dealing with the follow-up of registered blind and partially-sighted persons:—

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ...	16	5	—	21
(b) Treatment (medical, surgical or optical)	17	—	—	6
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	12	—	—	1

Ophthalmia neonatorum:

There were no cases of this disease notified in Kesteven under the Public Health (Ophthalmia Neonatorum) Regulations, 1926-37, during the year.

DOMESTIC HELP

The Home Help Organiser, Miss V. Isaac, reports as follows:—

“The Domestic Help Service has now become firmly established throughout the County and is undoubtedly filling a great need in the care of the sick in their own homes, especially among the aged sick and infirm, where often, were it not for the assistance available from this Service, removal to institutional accommodation would be imperative.

“Medical practitioners and district nurses make full use of the Service and co-operate very well with the Local Organisers. Hospitals too have grown accustomed to calling on the Service when the discharge of a patient is subject to sufficient home care being available.

“It will be noted that there has been a considerable increase in the number of cases helped—351, compared with 306 the previous year. The cases assisted come mainly from the aged and infirm category; in fact, of the total number of cases assisted, as many as 228 fell within the chronic sick group, and the great majority of these were elderly people. The number of maternity, tuberculosis and other illness cases remained fairly constant.

“National rates of pay for home helps were adopted early in 1953 (with retrospective effect to September 1952). These were a

great improvement on previous rates and served to attract the more suitable type of person to take up home help work.

"In view of the continuing high cost of living an increase in the scale of personal allowances to applicants under the Service was approved. The new scales brought these allowances in line with those of the National Assistance Board.

"The higher rate of pay to the home helps considerably raised the cost of providing the Service and the County Council therefore decided to raise the standard rate of charge, increasing this from 2/- to the more realistic figure of 3/1d. per hour. As a result of this several full-cost cases who refused to divulge their income for assessment purposes ceased to avail themselves of help under the scheme. Help continued to be supplied free to Tuberculosis and National Assistance cases and old age pensioners."

The following table gives details of the work carried out under the Service during the year:—

Area	Cases assisted					Number of helps employed at 31/12/53 (all part-time)	Total Hours worked by Helps
	Maternity	T.B.	Chronic sick, including aged and infirm	Others	Total		
Grantham	6	7	126	20	159	58	28,723
Sleaford	3	3	42	13	61	21	10,817
North Kesteven	4	2	8	21	35	5	5,600
Stamford	8	2	22	26	58	13	9,387
Bourne	4	1	30	3	38	11	7,739
Totals	25	15	228	83	351	108	62,266

MENTAL HEALTH

I. Administration:

(a) *Sub-Committee.*

In May, 1953, the County Council decided to amalgamate the Mental Health Services Sub-Committee with the Maternity and Child Welfare, Care and After-Care Sub-Committee, the new Committee being known as the Mental Health, Maternity and Child Welfare and Care Sub-Committee. This Committee, which meets at approximately quarterly intervals, consists of 20 members, 14 of whom are County Councillors and the remainder co-opted members.

(b) *Staff.*

There were no changes in the composition of either the medical or non-medical staff as described in my Report for last year.

(c) *Co-ordination.*

Co-operation between officers of the Authority and the Regional Hospital Board and Hospital Management Committees remained satisfactory. The arrangements made to co-ordinate the hospital and local health authority services continued to work smoothly and I am pleased to say that there was some improvement in the rate of admission to institutions, of mental defectives requiring that form of disposal. In this connection we are particularly indebted to the Medical Superintendent of the Harmston Hall Hospital and ancillary institutions for the efforts he has made to assist us in the placing of our more urgent cases.

(d) *Delegation of Duties.*

There was no delegation of duties to voluntary societies or organisations.

(e) *Training of Mental Health Workers.*

There has been no further training in mental health for members of the staff during the year.

2. **Work undertaken in the Community:**

(a) *Under Section 28 of the National Health Service Act, 1946—Prevention, Care and After-Care.*

The County Council was still without a mental welfare worker throughout the year and the expectation that we should be able to obtain the part-time services of a Psychiatric Social Worker under a joint user arrangement with the Sheffield and East Anglian Regional Hospital Boards failed to materialise. All follow-up work in cases of mental illness continued to be undertaken by the Duly Authorised Officers who also carry out, as part of their duties, the statutory and friendly supervision of mental defectives under the provisions of the Mental Deficiency Acts.

One mentally defective woman was accommodated in a mental deficiency institution for a short period under the arrangements made by the County Council (for short-term care in cases of emergency) in accordance with the recommendations of Ministry of Health Circular 5/52.

(b) *Under the Lunacy and Mental Treatment Acts, 1890—1930, by Duly Authorised Officers.*

Details of cases dealt with during the year ended 31st December, 1953, are as follows:—

- | | |
|---|----|
| (1) Patients from the area of Kesteven certified under the Lunacy Act, 1890 | 46 |
| (2) Patients admitted from this area to hospitals under Section 20, Lunacy Act, 1890 | 43 |
| (Of these, 13 were later certified, 4 were discharged, and 26 became voluntary patients). | |
| (3) Patients admitted under urgency order | 3 |
| (Of these, 2 became voluntary patients and 1 was certified). | |
| (4) 1 patient was admitted under Section 21 and later became a voluntary patient. | |
| (5) Patients from the areas of other Local Health Authorities who were dealt with at mental hospitals in this area | 57 |
| (Of these, 52 were certified and 5 were found to be not certifiable). | |

In addition, 114 persons from this area were admitted to mental hospitals for voluntary treatment during the year.

(c) *Under the Mental Deficiency Acts, 1913—1938.*

- (i) Thirty-four cases were ascertained during 1953, 26 of these being found "subject to be dealt with." Of the 34 cases ascertained, 18 were notified by the Local Education Authority, 9 by other authorities, 5 by the Duly Authorised Officers, 1 by a local hospital and 1 through the County Assizes. Their disposal was as follows:— 3 were admitted to mental deficiency institutions, 23 were placed under statutory supervision and 8 placed under voluntary supervision.

At 31st December, 1953, there were 126 cases under statutory supervision and 136 cases under voluntary supervision. These figures included 1 patient "subject to be dealt with" who is accommodated in a residential establishment provided under Part III of the National Assistance Act, 1948, 24 cases not "subject to be dealt with" accommodated in residential establishments, 4 children accommodated in Children's Homes and 3 patients in hospitals.

- (ii) There were no cases under guardianship during the year.
- (iii) There are no Occupation Centres for mental defectives in the County.

During the year, 15 patients were admitted to mental deficiency institutions, and at 31st December, 1953, there were 31 patients awaiting admission. Of this number, 22 were considered to be in urgent need of institutional care.

The following table shows the number of mental defectives within the County at the end of the year:—

	Male	Female	Total
(1) in mental deficiency institutions or on licence therefrom	92	85	177
(2) under statutory supervision	71	55	126
(3) under voluntary supervision	60	76	136
(4) in mental hospitals	8	14	22
	<u>231</u>	<u>230</u>	<u>461</u>

I am obliged to Mr. W. E. Vickers, Chief Authorised Officer, for the statistical information given in this section.

3. Ambulance Service:

The County Council's ambulance service is available for the transportation of cases of mental illness or defectiveness and all mental health workers, both non-medical and medical, are authorised to call out ambulances or sitting-case cars as necessary.

Where it is necessary for trained attendants to accompany patients, these are provided by arrangement with the appropriate Hospital Management Committees.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Three thousand one hundred and eighty cases of infectious diseases were notified to the District Medical Officers of Health during 1953 compared with 2,068 in 1952, 2,794 in 1951, 2,465 in 1950 and 1,036 in 1949.

The Notification Rates per 1,000 total population were as follows:—

	County of Kesteven						England and Wales
Smallpox	0.00	0.00
Typhoid Fever	0.00	0.00
Para-typhoid Fever	0.02	0.01
Scarlet Fever	1.06	1.39
Diphtheria	0.00	0.01
Measles	15.11	12.36
Whooping Cough	6.06	3.58
Acute Pneumonia	1.01	0.81
Erysipelas	0.11	0.11
Acute Poliomyelitis (Paralytic)	0.05	0.07
" " (Non-Paralytic)	0.07	0.01
Meningococcal Infection	0.02	0.03
Food Poisoning	0.03	0.21

A Table showing the distribution, etc., of the notified cases will be found on page 56 of this Report.

Smallpox.—No cases of this disease were notified in the County; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

Para-typhoid Fever.—Two cases of this disease were notified during the year, both of which occurred in the West Kesteven Rural District.

Scarlet Fever.—One hundred and forty cases were recorded, compared with 132 in 1952, and an average of 150 during the years 1946-52. The incidence was evenly distributed throughout the year. There were no fatalities.

Diphtheria.—For the third year in succession no case of this dangerous disease was notified.

Measles.—There were 2,045 cases of this disease notified to the District Medical Officers of Health during the year and of these 481 occurred in the East Kesteven Rural District, 419 in the North Kesteven Rural District and 380 in the Borough of Grantham. The disease was chiefly prevalent in the first three months of the year. The following is a summary of the cases notified and the deaths registered during the past ten years:—

Year	Cases	Deaths
1944	44	—
1945	1,093	1
1946	111	—
1947	1,056	—
1948	2,592	—
1949	396	1
1950	1,660	1
1951	1,640	—
1952	1,159	—
1953	2,015	—

Whooping Cough.—There were 804 cases notified during the year compared with 626 in 1952 and of these 219 or 27% of the total occurred in the Borough of Grantham. There were 5 deaths—all infants under one year.

Pneumonia.—Only Acute Primary and Acute Influenzal Pneumonias are notifiable, and 134 cases coming within these categories were notified during 1953, compared with 93 in 1952 and 161 in 1951. Deaths from all forms of Pneumonia numbered 64—19 more than last year.

Ophthalmia Neonatorum.—No case was notified in the County during the year.

Puerperal Pyrexia.—The 7 cases reported during 1953 represent a Notification Rate of 3.18 per thousand total births (live and still) as compared with a National figure of 18.23. The average number of notifications received during the previous 5 years was 7.

Dysentery.—Six cases of this disease were notified.

Erysipelas.—Eighteen cases (23 in 1952) were notified in the County during the year, representing a Notification Rate of 0.14 (0.14 for England and Wales) per thousand of the total population.

Meningococcal Infection.—Three cases were notified.

Food Poisoning.—Four cases were recorded during 1953.

TUBERCULOSIS

Details of the new cases of Tuberculosis (including 19 inward transfers, 16 respiratory and 3 non-respiratory—from other areas) coming to the notice of the County Health Department during the year under review, and of the deaths from this disease are as follows:—

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1—4 years	1	1	1	—	—	—	1	—
5—14 „	9	5	2	1	—	—	—	—
15—24 „	13	21	2	2	1	1	—	—
25—44 „	26	24	1	5	4	4	1	—
45—64 „	16	9	3	2	1	1	2	1
65—74 „	4	—	—	—	4	—	1	—
75 and over	2	—	—	—	1	—	—	—
TOTALS ...	71	60	9	10	11	6	5	1

Institutional Treatment:

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 194 individual patients received treatment in institutions during the year compared with 174 in 1952, 150 in 1951, 108 in 1950 and 103 in 1949—172 for respiratory or suspected respiratory tuberculosis and 22 for other forms.

	Respiratory			Non-Resp.			Grand
	M	F	Total	M	F	Total	
Boston General Hospital	—	—	—	—	1	1	1
Boston Isolation Hospital	8	2	10	—	—	—	10
Bourne Isolation Hospital	9	9	18	—	—	—	18
Bramblewood Sanatorium, Holt ...	—	1	1	—	—	—	1
Braunton Hall Hospital	8	55	63	—	—	—	63
Creiton Sanatorium	2	3	5	—	—	—	5
East Dereham Isolation Hospital ...	—	1	1	—	—	—	1
Foxby Hill Isolation Hospital ...	23	—	23	—	—	—	23
Grantham and Kesteven General Hospital	—	—	—	3	2	5	5
Harlow Wood Orthopaedic Hospital ...	—	—	—	5	2	7	7
Kelling Sanatorium	7	3	10	—	—	—	10
Leicester Isolation Hospital	—	1	1	—	—	—	1
Lincoln County Hospital	—	—	—	—	1	1	1
Lincoln City Isolation and Chest Hospital	16	16	32	3	—	3	35
Nayland Sanatorium, Colchester ...	—	5	5	—	—	—	5
Newmarket General Hospital	—	1	1	—	—	—	1
Nottingham General Hospital	—	—	—	—	1	1	1
Osgodby Isolation Hospital	2	—	2	—	—	—	2
Papworth Sanatorium	2	5	7	—	—	—	7
Papworth Hall Colony	2	—	2	—	—	—	2
Peterborough Memorial Hospital ...	1	—	1	—	1	1	2
No. 1 Pelish Hospital, Whitechurch ...	1	—	1	—	—	—	1
Springfield Hospital, Grimsby ...	2	4	6	—	—	—	6
Stamford and Rutland General Hospital	—	—	—	—	1	1	1
Stewmarket Isolation Hospital ...	1	—	1	—	—	—	1
Walnuttree Isolation Hospital ...	1	—	1	—	—	—	1
Whittington Hospital, Highgate ...	—	1	1	—	—	—	1
Totals	85	107	192	11	12	23	215

NOTE. Twenty respiratory and one non-respiratory cases were either transferred from one institution to another or re-admitted during the year.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from pulmonary tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculosis patients in the section dealing with the County Council's scheme for the Prevention of Illness, Care and After-Care on page 24.

Of the 150 new cases notified 5 (1 respiratory and 4 non-respiratory) coming to light from death returns, were included in the Supplemental Return to the Ministry of Health.

In comparison, there were 138 new cases in 1952, 114 respiratory and 24 non-respiratory, 139 in 1951 (114 and 25), 157 in 1950 (131 and 26) and 123 in 1949 (101 and 22).

The 17 deaths from respiratory tuberculosis represent a mortality rate of 0.13 per thousand of the total population—somewhat lower than the average for the previous 5 years.

The 6 deaths from other forms of tuberculosis (bones, joints, glands, etc.), were equivalent to a death rate of 0.05. Comparative information relating to the deaths from tuberculosis during the last decennium is given below and shows the progressive fall in mortality rates of Tuberculosis.

		<i>Respiratory Tuberculosis:</i>		<i>Non-Resp. Tuberculosis:</i>	
		No. of Deaths	Death Rate	No. of Deaths	Death Rate
1944	...	36	0.32	7	0.06
1945	...	22	0.20	9	0.08
1946	...	37	0.33	10	0.09
1947	...	42	0.36	10	0.09
1948	...	32	0.27	7	0.06
1949	...	30	0.25	5	0.04
1950	...	26	0.20	5	0.04
1951	...	23	0.17	8	0.06
1952	...	23	0.17	4	0.03
1953	...	17	0.13	6	0.05

VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases as given in my Annual Report for 1949.

The following table, compiled from returns submitted by the Medical Officers of hospital treatment centres, shows the number of Kesteven patients who attended for the first time during 1953:—

			Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham	...	...	—	—	8	8
Grantham	...	...	3	5	36	44
Lincoln	...	...	4	8	37	49
Peterborough	...	...	1	1	11	13
Totals	...	...	8	14	92	114

INSPECTION AND SUPERVISION OF FOOD

Milk and Dairies:

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949:

One hundred and eleven samples of pasteurised milk were taken from the two licensed pasteurising establishments in the County. All the samples satisfied the Methylene Blue Test, but 2

failed to satisfy the Phosphatase Test. Investigations into the cause of the failures showed that the indicating thermometer had become inaccurate. This fault was brought to the notice of the dairy management concerned and was immediately rectified.

At the end of the year there were two licensed pasteurising establishments in the County, one dealer having surrendered his Pasteuriser's Licence.

Tuberculosis in Milk:

It has been possible to operate a scheme of joint biological sampling and examination of milk supplies between the Public Health Departments of the County Council and District Councils. This function is by law the responsibility of both the County Council and the other Authorities, but by arrangement the service is run as a County scheme to the benefit of all concerned.

One hundred and forty-seven samples of milk were taken for biological examination from 147 herds. Six samples, 4.08%, were positive to Tubercle Bacilli and were reported to the Divisional Veterinary Inspector, Ministry of Agriculture and Fisheries.

I am indebted to Mr. G. A. Moore, the Divisional Veterinary Inspector, for the following report relating to Tuberculous milk investigations and veterinary examinations of dairy herds:—

"A total of 6 reports of tuberculous milk samples were received from the County Medical Officer of Health during 1953. On veterinary examination of the herds involved 3 cows were found affected with Tuberculosis of the udder. These were subsequently slaughtered under the Order. One cow was "knackered" by the owner before the investigation was carried out and 2 cases were "not detected." The offending animals had probably been slaughtered before the investigation.

Milk and Dairies Acts and Orders:

"The number of non-designated herds is still gradually decreasing. During the year 304 non-designated routine herd inspections were carried out involving 1,523 cattle. Accredited inspections totalled 38, involving 701 cattle.

"The number of Attested and Tuberculin Tested herds is increasing. At the end of 1953 the total in Kesteven was 178 Licensed T.T. herds of which 169 were also Attested and 9 Supervised. In these, 11,168 cattle were tested with tuberculin during the year and 87 reactors were disclosed—a percentage of .77. A total of 4,758 cows were clinically examined."

Milk in Schools Scheme:

During the year all but one of the 178 schools in the County were supplied with liquid milk. Two schools were receiving supplies of undesignated milk and one school was receiving a supply of dried milk.

The numbers and types of individual retailers approved, together with schools supplied were as follows:—

(Comparable figures for 1952 are shown in parenthesis)

14	(14)	Retailers licensed to sell pasteurised milk supplying	158	(156)	Schools
8	(8)	“ Tuberculin Tested ” producers supplying	17	(17)	Schools
2	(2)	Non-designated producers supplying	2	(2)	Schools

The number of schools receiving supplies of Pasteurised milk is satisfactory, but ultimately we should like to see every school in the County receiving regular supplies of either Pasteurised or Tuberculin Tested milk.

Diseases of Animals:

The Divisional Veterinary Inspector has kindly supplied the following information:—

Anthrax Order, 1938:

“There was one suspected case of Anthrax during the year, but this was proved negative.

Tuberculosis Order, 1938:

“During the year 1953 a total of 7 cases of Tuberculosis in cattle were dealt with and 7 animals were slaughtered under the Tuberculosis Order, 1938. This number includes those found as a result of tuberculous milk—veterinary investigations. There was a slight increase in the number of cases dealt with in the County of Kesteven during the year.’

Food and Drugs Act, 1938:

The work in connection with sampling under the Act was carried out by the Weights and Measures Department, and I am indebted to Mr. E. T. Hawley, the Chief Inspector of Weights and Measures, for the following information.

“During the year under review, 392 samples were obtained in the areas where the County Council is the Food and Drugs Authority, i.e. the Administrative County and the two Boroughs of Grantham and Stamford. As in former years, samples were taken on the basis of 3 per 1,000 of population. The table shows how sampling was done in the principal rural and urban divisions of the county. The articles sampled are listed. The heavy preponderance of milk samples reflects the guiding principle enunciated in an official directive issued some years ago, in which it was suggested that in every 100 samples there should be 65 of milk. In point of fact, the 211 milk samples obtained during the year represents 54% of the total number of all samples taken.

“A noticeable feature of the year’s work has been the decline in the number of adulterated samples. So far as milk samples are concerned, this decline is noted in statistical form below. There

are, of course, many reasons for this latter improvement, but perhaps the most important is the gradual disappearance of the small dairyman and the emergence of the large pasteurisation unit. While the bulk of the fresh milk consumed in the county is produced in Kesteven, much of this, in its raw state, is taken either to Lincoln, Gosherton, Pinchbeck, Peterborough or even Nottingham for heat treatment before it is again returned to the consumer. These extra-mural services are augmented by two indigenous processing plants, both located in the Grantham area. The result of all this large-scale dairying activity is that a diminishing quantity of milk is being distributed by the shortest route from producer to consumer. The milkman's handcan is also disappearing and with it the many unsatisfactory features of this particular method of distribution, one of which was the possibility of easy adulteration. Today, the milk bottle has virtually superseded the handcan and though this has not eliminated every disadvantage, it has very largely eradicated the watered milk sample.

"Two hundred and two samples of milk and 12 samples of cream were tested in the Department's laboratory and found to be genuine, while 9 samples of milk and 169 samples of other foods and drugs were submitted to the Public Analyst at Nottingham. Of the 178 samples submitted to the analyst, 8 were found to be adulterated (4.5%).

"The sample of Sulphur and Orange Tablets (No. 354) which contained 24% of sulphur instead of 50% provided an instance of the difficulty which faces public analysts under the existing law that legal proceedings must be instituted within 28 days of the taking of the sample. In this instance, an unusually protracted analysis resulted in the analyst's report being delayed until the twenty-eighth day due, in part, to the intervention of a week-end before the sample reached Nottingham and a further loss of four working days at Christmas. The Food and Drugs Amendment Bill, now before the House, deals with this very point and proposes an extension from '28 days' to '2 months.'

"A notable event in the year was the termination on 1st March 1953 of the war-time control of sausages, the standard at the time of revocation being 65% of meat (of which 80% had to be pork) for pork sausages selling at 2/7½d. per lb. and 50% of meat in beef sausages selling at 1/10½d. per lb. During the 12 months prior to this, two butchers had been summoned for selling pork sausages containing 45.4% and 47.9% of meat respectively and one for selling beef sausages containing 42.5% of meat. Since revocation, no sample of pork sausages has contained less than 60% of meat. While prices have tended to rise, quality has risen also, with the result that what was formerly a maximum is now a minimum standard for the best quality product. Of the 17 samples of sausages taken since 1st March 1953, 5 have contained upwards of 70% of meat and a further 6 not less than 65%.

"Another food-stuff which attracts attention is ice-cream, partly because it is a manufactured product and partly because its essential ingredients have, at various times, been difficult to obtain.

As from 1st June 1953, the statutory standard for ice-cream was raised to 5% sugar, 10% fat and 7.5% milk solids, a total of 22.5% of essential solid constituents. Of the 11 samples of ice-cream obtained during the year, not one failed to reach this minimum standard. So far as ice-cream is concerned, the nationally known makers set a standard which smaller makers find it difficult to follow so that, as in the dairy trade, the small man is fast disappearing. A determining factor in this connection is the insistence of the sanitary authority upon a standard of cleanliness which only the most determined can reach. Thus it comes about that ice-cream is now almost exclusively a produce of large companies operating from outside the boundaries of Kesteven. The average of essential ingredients in the 8 samples obtained from this group was 11% fat, 12.5% sugar and 10.25% milk solids, a total of 33.75% of solid constituents as against the legal 22.5%.

"At a national level the problem of low-grade milk still remains unresolved. Analysts in many of the bigger cities continue to complain that too large a proportion of natural milk is below the statutory presumptive standard of 3% butter-fat and 8.5% of other solids. Since the only other constituent of milk is the water naturally present therein, it is of great importance that the more vital solid matter should not drop below a certain minimum level. For this reason any appreciable increase in these solid constituents means that the nutritional value of the milk is similarly enhanced. That is why producers of Channel Island T.T. milk (for which the minimum butter-fat standard is 4%) are permitted to make an extra charge for their above-average product. Kesteven is fortunate in having a considerable number of producers of Channel Island milk and, at the other extreme, relatively few high-yielding herds. This goes a long way towards explaining the well-above-average figures of the 202 samples of milk analysed in the Department's laboratory during the year."

List of articles sampled during the year:

Almonds (ground)	4	Paste (various)	10
Angelica	1	Peanut butter	1
Baking powder	1	Pepper	3
Butter	1	Pickles	1
Cake mixtures	4	Pork pie	1
Cheese	2	Preserves	7
Coconut (desiccated)	1	Rice flakes	1
Coffee and extracts	8	Salad cream	2
Confectionery	6	Sauces	6
Coriander	1	Sausages	23
Crab (dressed)	2	Soft drinks	10
Cream	19	Soup (tinned)	1
Drugs	13	Spices	2
Fat compound	1	Spreads	2
Honey	5	Suet (beef)	1
Ice cream	11	Tinned meat	5
Jellies	2	Vermouth	1
Malt extract	1	Vinegar	8
Milk	211	Welsh rarebit	1
" (condensed)	9		

Localities in which samples were taken during the year:

North Kesteven with approximate population of	30,000	...	77	samples
South Kesteven (including Bourne U.D.C.)	20,000	...	51	..
East Kesteven (including Sleaford U.D.C.)	30,000	...	82	..
West Kesteven	18,000	...	88	..
Grantham Borough	23,000	...	58	..
Stamford Borough	11,000	...	36	..

Milk samples adversely reported upon:

Year	Deficient in butterfat	Watered
1948	2	18
1949	11	12
1950	3	10
1951	2	10
1952	Nil	6
1953	Nil	2

Average composition of all genuine milk samples taken during the year:

	Number tested	Average Butter-fat	Average solids other than fat
Morning's milk	97 (115)	3.52% (3.37%)	8.70% (8.72%)
Evening's milk	53 (70)	4.36% (4.30%)	8.89% (8.78%)
Mixed milk	59 (59)	3.53% (3.60%)	8.83% (8.80%)
Average of all	209 (244)	3.78% (3.69%)	8.78% (8.76%)

N.B.—The standard of the Sale of Milk Regulations, 1939 (below which milk is presumed to be adulterated until the contrary is proved) is 3.0% of butter-fat and 8.50% of solids other than fat.

The figures in brackets in the above Table are the comparable averages for last year.

SANITARY CIRCUMSTANCES

Housing:

The provision of new houses, both by the Councils within the Administrative County and by private enterprise, continues to be satisfactory. The increased rate of building helps to provide houses for newly married couples and families living either with relations or in unsatisfactory conditions.

The position with regard to existing old property is not satisfactory; owing to the high cost of repairs it is deteriorating at an increasing rate, and it is becoming apparent that steps will soon have to be taken to re-condition older houses which are in relatively sound condition and to demolish property in towns and villages which cannot be repaired at reasonable expense. This matter has received serious consideration, and it is expected that during 1954 legislation will be passed by Parliament which should give an impetus to the re-conditioning of older properties and to the

demolition of slum properties. It is anticipated that Local Housing Authorities may be faced with many onerous duties in the field of housing during the coming year.

A total of 397 houses were built by the four Rural District Councils during the year.

Improvement Grants—Housing Act, 1949:

Applications dealt with by R.D.C.'s (to 31.12.53):

Received	...	...	...	...	57
Approved	...	...	...	...	40
Rejected	...	...	...	...	8
Under consideration	...	..	...	...	9

Applications submitted to Regional Office of Ministry:

No. sent	...	...	...	...	45
No. approved	...	...	...	...	37
No. rejected	...	...	...	...	1
No. under consideration	...	...	...	...	7

Water Supplies and Sewerage:

Since the introduction of the Rural Water Supplies and Sewerage Act 1944, rapid progress has been made in this County with the provision of piped water supplies and sewerage facilities; the Act was passed to enable the Ministry of Health and County Councils to make contributions to local authorities and water undertakers towards the cost of providing or improving water supplies and sewerage in rural localities.

Before this Act, the cost of provision of a piped water supply to rural areas was met as a charge by Rural District Councils upon individual parishes or groups of parishes with the result that piped water supplies in villages could only be made available when an adequate supply of water could be found close to them and the situation was such that a gravitational supply was possible. Many older schemes of water supply were privately owned.

Prior to 1944, the methods of sewerage and sewage purification in rural areas were not highly developed, and it was the custom to discharge all waste water to the nearest dyke without treatment. Some more progressive communities, however, had provided a form of sewer or culvert which piped this unsatisfactory effluent to a point some distance from the village. Whilst this method of disposal did function without nuisance, the continual augmentation of water supplies has led to serious nuisances arising from sewage disposal from villages; even with present day progress the

improvement of piped water supplies has not been accompanied by the provision of adequate sewerage and sewage disposal facilities. When considering details of water supplies and sewerage in the County, it is as well to have regard to the problems which face a Rural District Council whose policy aims at a mains water supply and suitable sewerage facilities for every village in their district. In the past, as noted above, water supplies were developed on limited lines with the result that when new housing projects were considered it was generally found that the existing water supply was incapable of providing sufficient water for the needs of these new houses; further, the existing mains were often too small and in practice decreased in size as they extended towards the parish boundaries. In these cases the Rural District Council of necessity had to provide either a new and separate supply for the proposed houses, or alternatively, a comprehensive scheme for the whole of the existing village. It thus became clear that the development of water supplies on a village or parochial basis was uneconomical and in the long run not a practical solution of the problem. With this in view, the majority of the Rural District Councils appointed consulting engineers to prepare regional water supply schemes for their areas. In each of the four Rural Districts in Kesteven, regional water supply schemes have been drawn up, and at the present time these are being developed. The Ministry of Housing and Local Government have, however, had to slow up development of some of these schemes owing to the expense involved. Nevertheless, the general rate of progress is satisfactory.

Unfortunately, the picture with regard to sewerage and sewage purification is not so complete. The continual provision of piped water supplies and the natural desire on the part of rural dwellers to secure for themselves modern amenities, i.e. bathrooms, water closets, etc. has resulted in the already inadequate sewage disposal arrangements completely breaking down in many cases and leading to serious public health nuisances. The provision of sewerage facilities is usually complex and costly, the greatest cost being the provision of the sewer itself, thereby eliminating any prospect of regional schemes linking up numbers of villages to one disposal works. It follows that most villages must have their own individual and independent system of sewers and sewage purification and in some cases the cost is considerably augmented as expensive pumping machinery must be installed to lift the sewage to a suitable outfall.

A review of progress in the provision of water supplies and sewerage facilities in the four Rural Districts of the Administrative County is given on pages 46 and 47. It shows that the Rural District Councils in Kesteven are making substantial progress in the provision of water supplies, sewerage and sewage disposal facilities.

RURAL WATER SUPPLIES & SEWERAGE ACTS, 1944/51

Particulars of Schemes submitted to the County Council since the passing of the Act

A. NORTH KESTEVEN R.D.C. B. WEST KESTEVEN R.D.C.

Water Supply Schemes:

Water Mains Extension
Scheme No. 2 covering:—
 Thorpe-on-the-Hill
 Doddington & Whisby
 Eagle & Swinethorpe
 North Scarle
 Bassingham
 Branston
 Brant Broughton
 Heighington
 Leadenham
 Norton Disney
 Swinderby
 Wellingore
Morton & Swinderby
Extension of Water Main at
 Nocton Fen

Sewerage & Sewage Disposal Schemes:

North Hykeham
Waddington
Branston, Heighington
Leadenham
Brant Broughton
Bassingham
North Scarle
Skellingthorpe
Swinderby
Thorpe-on-the-Hill
Potterhanworth, Dunston
 and Nocton
Metheringham

Water Supply Schemes:

Long Bennington, West-
 borough & Dry Doddington
Fulbeck & Caythorpe
Old Somerby
Brandon
Lenton Area:—
 Great Gonerby
 N. & S. Witham
 Gunby & Stainby
Allington
Harlaxton
Saltby & Bottesford Water
 Mains
Wyville
Denton
Hough-on-the-Hill
Ancaster
Normanton
Foston
Woolsthorpe-by-Belvoir
Skillington
Great Ponton, Stroxtan and
 Little Ponton
Hougham & Marston

Sewerage & Sewage Disposal Schemes:

Old Somerby
Great Gonerby
Skillington
Claypole
Allington
Colsterworth—Interim Scheme
 to serve Housing Site
Ropsley

C. EAST KESTIVEN R.D.C.

Water Supply Schemes:

Complete Regional Water
Scheme
Ruskington—
Mains Extensions (2)

Sewerage & Sewage Disposal Schemes:

Cranwell
Billinghay
Heckington & Great Hale
North Kyme
Ruskington
Martin & Timberland
Scopwick
Dorrington

E. SLEAFORD U.D.C.

Sewerage and Sewage
Disposal Scheme

D. SOUTH KESTIVEN R.D.C.

Water Supply Schemes:

Complete Regional Water
Scheme
Billinghay Estate Water
Supply

Sewerage & Sewage Disposal Schemes:

Billingborough & Horbling
The Deepings, Baston and
Langtoft
Corby

F. BOURNE U.D.C.

Water Supply Schemes:

Bourne — Improvement to
Water Supply
Dyke

Sewerage & Sewage Disposal Schemes:

Bourne
Dyke

The foregoing information shows the great progress which has been made in the County to provide wholesome supplies of water for drinking and domestic use. It is somewhat regrettable that the provision of sewerage and sewage purification facilities continues to lag behind the provision of water supplies, for the provision of water supplies without modern sewage purification facilities is bound to lead to increased nuisances and greater risks of pollution. These problems are described in detail in the monograph which I published in 1950 on the prevention of pollution of underground water supplies; it is gratifying to be able to state that in this County there is, since the publication of my report, a much greater awareness of the dangers attached to the indiscriminate discharge of sewage and sewage effluents upon the gathering grounds adjacent to the outcrops of the Lincolnshire Limestone strata.

Following upon a conference convened by the Kesteven County Council of all local authorities and water undertakers in the region,

it was decided to make representations on this subject to the Ministry of Housing and Local Government, and in particular to draw attention to the present inadequate legislative powers to deal with the menace to the purity of underground water supplies by the increasing discharge of effluents on or near outcrops of water bearing strata.

Agreement was reached with the Ministry's representatives upon the administrative steps which should be taken by service departments, water undertakers and local authorities in order to assist in the prevention of pollution of underground water supplies, and this agreement is now receiving detailed consideration by these authorities. *While the agreement is satisfactory so far as it goes, in my opinion new legislation is required in order to safeguard the purity of the underground water supplies and prevent the increasing pollution of such waters by untreated or unsatisfactory sewage effluents.*

The Ministry of Housing and Local Government has in particular agreed to give priority as far as is practicable to schemes of sewerage and sewage purification submitted to them for approval by local authorities where the area concerned is on or near the gathering ground of the limestone in Kesteven. Even when the larger villages and groups of houses have been provided with suitable sewerage facilities, there will still remain pollution which can be caused by individual houses and very small groups of houses, but in order to meet this difficulty to some extent, talks and negotiations are at the present time taking place between responsible officers in the County to mitigate this risk by the adoption of some standard form of sewage purification for isolated houses or groups of properties.

The closest co-operation continues to exist between the County Public Health Department and the officials of the Public Health Departments within the Administrative County and I am of the opinion that we can achieve such progress in environmental hygiene only by close and friendly co-operation.

TABLE I.—VITAL STATISTICS, 1953.

DISTRICT	Popul'n Mid-year 1953 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			C'de D'th R t	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne ...	4,996	45	41	86	17.21	17.38	1	2	3	4	—	4	46.5	26	31	57	11.41	10.38
Grantham ...	23,460	165	153	318	13.55	13.41	9	6	15	6	8	14	44.0	184	134	318	13.55	13.00
Sleaford ...	7,204	63	55	118	16.38	16.22	3	1	4	3	—	3	25.4	77	59	136	18.88	17.37
Stamford ...	11,200	87	77	164	14.64	15.08	1	3	4	2	2	4	24.3	80	73	153	13.66	12.43
Total Urb. Dists.	46,860	360	326	686	14.64	14.79	14	12	26	15	10	25	36.4	367	297	664	14.17	13.32
East Kesteven ...	20,670	188	158	346	16.74	19.58	2	4	6	4	7	11	31.7	97	75	172	8.32	9.15
North Kesteven ...	32,090	253	268	521	16.23	17.53	4	6	10	13	7	20	38.3	196	188	384	11.97	11.73
South Kesteven ...	14,570	128	119	247	16.95	18.81	5	4	9	7	4	11	44.5	87	77	164	11.26	9.68
West Kesteven ...	18,510	174	171	345	18.64	20.32	1	2	3	8	4	12	34.7	77	73	150	8.10	7.61
Total Rur. Dists.	85,840	743	716	1459	16.99	18.86	12	16	28	32	22	54	37.0	457	413	870	10.13	9.93
Total Administrative County...	132,700	1103	1042	2145	16.16	17.29	26	28	54	47	32	79	36.8	824	710	1534	11.56	11.10

TABLE II.—SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1953.

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sleaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory ...	—	1	1	3	5	1	9	1	1	12	17
2. Tuberculosis, other ...	—	4	—	—	4	—	1	—	1	2	6
3. Syphilitic disease ...	—	2	—	—	2	—	1	1	—	2	4
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	2	—	—	2	1	1	—	1	3	5
6. Meningococcal infections ...	—	1	—	—	1	1	1	1	—	3	4
7. Acute poliomyelitis...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	—	1	1	1	3	1	1	1	2	5	8
10. Malignant neoplasm, stomach ...	—	6	4	2	12	7	8	3	4	22	34
11. Malignant neoplasm, lung bronchus ...	—	2	3	1	6	—	7	4	3	14	20
12. Malignant neoplasm, breast	—	3	5	6	14	4	7	3	2	16	30
13. Malignant neoplasm, uterus	—	2	—	2	4	—	3	2	2	7	11
14. Other malignant and lymphatic neoplasms ...	4	23	12	5	44	17	21	14	14	66	110
15. Leukaemia, aleukaemia ...	—	1	—	—	1	1	2	1	—	4	5
16. Diabetes ...	—	4	—	1	5	—	—	2	—	2	7
17. Vascular lesions of nervous system ...	9	36	10	28	83	29	45	29	26	129	212
18. Coronary disease, angina ...	3	33	17	11	64	23	36	16	11	86	150
19. Hypertension with heart disease ...	—	4	6	2	12	1	15	—	1	17	29
20. Other heart disease...	18	74	32	23	147	22	111	25	26	184	331
21. Other circulatory disease ...	—	18	5	9	32	7	11	5	6	29	61
22. Influenza ...	2	9	6	11	28	3	5	4	6	18	46
23. Pneumonia ...	2	13	7	8	30	2	19	7	6	34	64
24. Bronchitis ...	6	18	6	14	44	9	13	8	5	35	79
25. Other diseases of respiratory system ...	—	2	1	1	4	7	5	3	2	17	21
26. Ulcer of stomach and duodenum ...	—	2	1	1	4	1	3	—	—	4	8
27. Gastritis, enteritis and diarrhoea ...	1	1	—	1	3	2	1	—	2	5	8
28. Nephritis and nephrosis ...	1	3	2	—	6	4	3	1	—	8	14
29. Hyperplasia of prostate ...	—	5	2	1	8	—	7	3	1	11	19
30. Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	1	2	—	1	4	2	5	4	1	12	16
32. Other defined and ill- defined diseases ...	8	34	12	14	68	15	27	17	18	77	145
33. Motor vehicle accidents ...	1	2	—	1	4	1	7	2	4	14	18
34. All other accidents ...	1	6	2	5	14	7	8	4	2	21	35
35. Suicide ...	—	4	1	1	6	4	1	3	3	11	17
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—
ALL CAUSES ...	57	318	136	153	664	172	384	164	150	870	1534

TABLE IV.—BIRTH RATES, DEATH RATES AND ANALYSIS OF MORTALITY DURING 1953.

	Rates per 1000 total Popul'n		Death Rates per 1,000 total Population						Rates per 1,000 Live Births		
	Live Births	Still-Births	All Causes	Whooping Cough	Diphtheria (All forms)	Tuberculosis (All forms)	Influenza	Acute Poliomyelitis (incl. Polioencephalitis)	Pneumonia	Deaths under 1 year of Age	Deaths from Diarrhoea and Enteritis under 2 years
England and Wales ...	15.5	0.35	11.4	0.01	0.00	0.20	0.16	0.01	0.55	26.8	1.1
160 County Boroughs and Great Towns (including London) ...	17.0	0.43	12.2	0.01	0.00	0.24	0.15	0.01	0.59	30.8	1.3
160 Smaller Towns (Resident Popul'n 25,000-50,000 at 1951 Census) ...	15.7	0.34	11.3	0.00	0.00	0.19	0.17	0.01	0.52	24.3	0.9
London Administrative County ...	17.5	0.38	12.5	0.00	—	0.24	0.15	0.01	0.64	24.8	1.1
County of Kesteven ...	Crude 16.16 Nett 17.29	0.41	Crude 11.56 Nett 11.10	0.04	0.00	0.17	0.35	0.00	0.48	36.83	0.93

TABLE V.—INFANT WELFARE CENTRES, 1953.

Address of Centre	Days of Opening	Individual Children who attended			Attendances				Consultations with Medical Officer		
		Born in 1953	Born in 1952	Born in 1951 to 1948	Infants under 1	Children aged 1—	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total
ALMA PARK— Grantham ...	First and Third Wednesday in the month	37	44	102	183	430	165	375	90	66	156
ANCASTER—... Oddfellows Hall	Fourth Thursday ...	18	23	10	51	140	72	26	72	44	116
BASSINGHAM— Comrades Hall	Second Tuesday ...	15	13	8	36	121	33	46	105	69	174
BILLINGBOROUGH— Foresters Hall	Third Tuesday...	35	37	60	132	252	100	151	170	142	312
BILLINGHAY— Church Hall ..	Second & Fourth Wednesday	29	20	53	102	361	103	225	135	119	254
BOURNE— The Clinic, North Rd.	First and Third Thursday	77	45	90	212	846	237	323	416	223	639
BRACEBRIDGE HEATH Village Hall ..	Fourth Thursday ...	18	13	31	62	144	61	149	116	147	263
BRANSTON— Methodist Chapel	Second Tuesday ...	14	12	41	67	112	67	110	93	78	171
CASTLE BYTHAM— Village Hall ...	Second Wednesday ...	20	13	12	45	121	35	39	45	11	56
CLAYPOLE— Village Hall ...	First Thursday...	14	17	33	64	112	58	68	80	48	128
COLSTERWORTH— Wesleyan School	Fourth Monday ...	14	20	34	68	147	83	135	22	3	25
CORB'Y— Church Room	Fourth Friday ...	19	17	21	57	108	67	51	89	84	173
								(19)			

TABLE V (Continued)—INFANT WELFARE CENTRES, 1953.

Address of Centre	Days of Opening	Individual Children who attended				Attendances				Consultations with Medical Officer			
		Born in 1953	Born in 1952	Born in 1951 to 1948	Total	Infants under 1	Children aged 1—	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total	
EAGLE— Methodist Schoolroom	Second Wednesday ...	9	8	14	31	45	14	25	84 (7)	33	27	60	
FOLKINGHAM— Village Hall ...	First Friday ...	9	9	17	35	92	44	33	169 (15)	89	74	163	
FULBECK— Reading Room	Last Wednesday ...	21	17	25	63	120	59	40	219 (18)	36	14	50	
GRANTHAM— 40 Westgate ...	Every Tuesday, Wednesday, and Thursday a.m. and p.m.	200	177	315	692	3466	684	833	4983 (16)	114	149	263	
GREAT GONERBY— Memorial Hall	First Wednesday ...	6	4	23	33	41	24	55	120 (11)	8	5	13	55
HECKINGTON— Village Hall ...	Third Thursday ...	37	33	58	128	313	178	287	778 (65)	142	139	281	
INGOLDSBY— Village Hall	First Wednesday ...	6	9	19	34	49	40	50	139 (17)	17	22	39	
LINCOLN— Doddington Road	First and Third Monday ...	14	15	20	49	64	22	70	156 (9)	28	41	69	
LONG BENNINGTON— Village Hall ...	Alternating Second Thursday and Second Monday	13	7	12	32	35	14	20	69 (23)	15	14	29	
MARKET DEEPING— Annexe to New Inn ...	Second and Fourth Monday ...	39	28	18	85	314	95	23	432 (19)	91	40	131	
MARTIN— Wesleyan Church Schoolroom ...	Third Wednesday ...	14	26	50	90	88	68	137	293 (24)	67	141	208	
METHERINGHAM— Village Hall ...	First and Third Wednesday ...	32	46	67	145	470	280	363	1113 (46)	139	177	316	
MORTON— Baptist Church Hall ...	Third Friday ...	7	12	2	47	76	46	73	195 (16)	9	105	174	
NAVENBY— Wesleyan School ...	Second Friday ...	20	29	48	97	189	85	127	401 (33)	118	112	230	

TABLE V (Continued)—INFANT WELFARE CENTRES, 1953.

Address of Centre	Days of Opening	Individual Children who attended				Attendances			Consultations with Medical Officer		
		Born in 1953	Born in 1952	Born in 1951 to 1948	Total	Infants under 1	Children aged 1—	Children aged 2—5	Infants under 1	Children aged 1—5	Total
NOCTON— R.A.F. Hospital	Wednesday fortnightly	23	15	22	60	169	81	59	19	27	46
NORTH HYKEHAM Weslevan Schoolroom	Second and Fourth Tuesday	29	31	49	109	386	118	129	154	81	235
NORTH HYKEHAM— (Newark Road)	First Monday	11	11	11	33	68	27	22	57	33	90
Memorial Hall	...	...	...	...	...	...	...	...	...	...	...
OSBOURNBY— Village Hall	Last Thursday	9	4	5	18	12	6	7	—	1	1
ROPSLEY— Village Hall	Third Friday	10	6	23	39	55	30	80	9	22	31
SKELLINGTHORPE— Women's Institute	Second Monday	11	28	34	73	113	59	107	82	114	196
SLEAFORD— The Clinic, Eastgate	Every Monday	95	102	167	364	1854	503	512	445	344	789
SOUTH WITHAM— Church Hall	Third Wednesday	6	11	14	31	75	34	40	—	—	—
STAMFORD— The Clinic, Barnhill	Every Friday	89	69	105	263	1298	328	686	230	103	333
THURLBY— Chapel Hall	Second Friday	11	6	14	31	86	13	39	—	—	—
WADDINGTON— Village Hall	First and Third Tuesday	65	67	61	193	742	175	208	158	69	227
WASHINGTON— Village Hall	Second Thursday	24	23	63	110	198	137	174	135	134	269
Heighington	...	...	...	...	...	...	...	...	...	...	...

TABLE VI.—*PREMATURE INFANTS BORN DURING 1953.

Weight at Birth	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS	
	Born in Hospital		Born at home and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in nursing home and nursed entirely there		Born in nursing home and trans- ferred to hospital on or before 28th day		Born in hos- pital	Born in nurs- ing home
	Total	Died within 24hrs. of birth days	Total	Died within 24hrs. of birth days	Total	Died within 24hrs. of birth days	Total	Died within 24hrs. of birth days	Total	Died within 24hrs. of birth days	Born in hos- pital	Born in nurs- ing home
3 lb. 4 oz. or less	19	8	1	1	1	—	—	—	—	—	8	1
Over 3lb. 4oz. up to and including 4lb. 6oz.	16	2	—	—	6	1	2	—	1	—	8	—
Over 4lb. 6oz. up to and including 4lb. 15oz.	11	—	6	—	3	—	3	—	—	—	1	—
Over 4 lb. 15 oz. up to and includ- ing 5lb. 8oz.	35	—	19	1	2	—	8	—	—	—	4	2
Totals	81	10	26	2	12	2	13	—	13	1	21	1

*i.e., babies weighing 5½ lbs. or less at birth, irrespective of period of gestation.

TABLE VII.—DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES IN RURAL AND URBAN DISTRICTS, 1953.
(including Non-Civilians)

SANITARY District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis			Acute Encephalitis		Meningococcal Infection	Food Poisoning
											Paralytic	Non-Paralytic	Enteric Fever	Para-Typhoid Fever	Infective			Post Infectious
Bourne U.D. ...	60 (55)	20	—	20	11	7	—	—	—	2	—	—	—	—	—	—	—
Grantham M.B. ...	655 (336)	11	—	380	219	35	—	2	1	5	1	—	—	—	1	—	—
Sleaford U.D. ...	276 (153)	13	—	243	15	2	—	—	1	2	—	—	—	—	—	—	—
Stamford M.B. ...	251 (454)	34	—	115	70	29	—	1	1	—	—	—	—	—	—	—	1
Aggregate of Urban Districts ...	1242 (998)	78	—	758	315	73	—	3	3	9	1	—	—	—	1	—	1
E. Kesteven R.D. ...	623 (292)	17	—	481	105	15	—	—	—	1	—	—	—	—	—	1	2
N. Kesteven R.D. ...	621 (66)	9	—	419	182	2	—	—	—	5	1	—	—	—	—	1	1
S. Kesteven R.D. ...	275 (383)	12	—	156	68	31	—	1	1	1	1	—	—	—	—	1	—
W. Kesteven R.D. ...	419 (329)	24	—	231	134	13	—	3	2	2	4	—	2	—	—	—	—
Aggregate of R.D.'s ...	1938 (1070)	62	—	1287	489	61	—	4	3	9	6	9	—	2	—	3	3
Totals for whole County ...	3180 (2068)	140 (132)	—	2045 (1159)	804 (626)	134 (93)	—	7 (15)	6 (11)	18 (23)	7 (2)	9 (—)	— (2)	2 (4)	1 (—)	3 (—)	4 (—)

Note.—Figures in brackets relate to 1952.

TABLE VIII.—CLINICS.

Address	DENTAL	ORTHOPAEDIC	OPHTHALMIC*	E.N.T.*	RHEUMATISM* AND HEART	SPEECH THERAPY
BEACONFIELD, GRANTHAM.	Tues. & Fri. 9 a.m.—5 p.m.	Mon. 9-12 noon. Wed. 9 a.m.—5 p.m. Fri. 9 a.m.—5 p.m. Sat. 9-12 noon.	1st & 3rd Fri. each month. 10 a.m.—1 p.m.	Last Fri. each month. 11—12 noon.	As and when required.	Mon. 9 a.m.— 4.30 p.m. Fri. 2—4.30 p.m.
BARNHILL HOUSE, STAMFORD.	Thursday 9.30 a.m.—4 p.m.	Tuesday 2—4.30 p.m.	1st & 3rd Thurs. each month. 2—4 p.m.	—	—	Tues. 2—4.30 p.m.
NORTH ST., BOURNE.	As required.	Tuesday 10-12 noon	2nd and 4th Thursdays each month, 2—4 p.m.	—	—	Thurs. 2-4 p.m
LAFORD HOUSE, SLEAFORD.	Wednesday 9 a.m.—5 p.m.	Monday 2—4.30 p.m. Thursday 9.30 a.m.— 1.30 p.m.	2nd Tues. each month. 3—5.30 p.m.	1st Fri. each month. 11 a.m. —1 p.m.	As and when required.	Tues. 9 a.m.—12 noon Wed. 2—1.30 p.m. Thurs. 9 a.m. —12 noon
30 LINDUM RD., LINCOLN.	—	—	—	—	3rd Tues. each Wed. 9.30 month. 10-12 a.m.—12 noon	

*Surgeon
attends as
required*

**under arrangements with the Regional Hospital Boards*

All services by appointment only.

TABLE IX.—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938,
IN CASES OF UNSATISFACTORY SAMPLES, 1953.

No. of Sample	Article	Report of Public Analyst	Action Taken
115	Celery Cheese Spread	41.25% fat (instead of 45%) and 57.59% moisture (instead of 48%).	The makers were informed. They replied that they were unable to get suitable cheese. The Ministry of Food, to whom the matter was referred, conceded that this was a valid excuse at the material time.
283	Pork Sausages	3.5% deficient in meat.	In view of the small deficiency, no action was taken.
317	Pork Sausages	4.4% deficient in meat.	The vendor of these home-made sausages was warned.
321 322	Milk Milk	16% added water 7% " " }	The producer-retailer of these two samples of bottled milk was prosecuted and fined £4 with £4/4/0 costs (Bourne).
354	Sulphur and Orange Tablets	Contained 24% sulphur (instead of 50%).	
369	Milk	Slightly deficient in milk solids.	As this was due to natural causes, no action was taken.

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